

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10817524**

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	NO	DEP	NO	DEP	NO	DEP
1	1		1			
2						
3	1		1			
4	1		1			
5	2		2			
6	3		3			
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TOTAL NO.	1		1			
TOTAL DEP.	8		7			
TOTAL CLAIMS	9		8			

	NO	DEP	NO	DEP	NO	DEP
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